

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 21 | 5/23/01 |
| FORMALITY REVIEW | <i>[Signature]</i> | 537 | 07-12-01 |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | 5C906 | 02/19/01 |
| | <i>[Signature]</i> | 897 | 05-28-03 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — | (Through numeral) Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Final | Original | Date |
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| 51 | | ✓ | |
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| 99 | | ✓ | |
| 100 | | ✓ | |

| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

**If more than 150 claims or 10 actions
staple additional sheet here**

(LEFT INSIDE)

830 14
12/12
830
52/28
52/28
52/28